

[Third Reprint]

## **ASSEMBLY, No. 1862**

# **STATE OF NEW JERSEY**

## **218th LEGISLATURE**

PRE-FILED FOR INTRODUCTION IN THE 2018 SESSION

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**SYNOPSIS**

Establishes Maternal Mortality Review Committee to annually review and report on rates and causes of maternal mortality and morbidity in New Jersey, and to recommend improvements in maternal care.

**CURRENT VERSION OF TEXT**

As amended by the Senate on February 21, 2019.

(Sponsorship Updated As Of: 3/26/2019)

1 AN ACT concerning maternal <sup>2</sup>**[deaths]** mortality and morbidity<sup>2</sup>,  
 2 supplementing Title 26 of the Revised Statutes, and amending  
 3 R.S.26:8-24.

4  
 5 **BE IT ENACTED** *by the Senate and General Assembly of the State*  
 6 *of New Jersey:*

7  
 8 <sup>1</sup>1. (New section) The Legislature finds and declares that:

9 a. Most nations across the globe have successfully reduced  
 10 their maternal mortality rates over the past two and a half decades,  
 11 in response to a United Nations' call to action; however, the U.S. is  
 12 one of only a handful of countries where maternal mortality rates  
 13 have continued to rise (increasing by 27% between 2000 and 2014);

14 b. The U.S. is currently ranked 50th in the world in maternal  
 15 mortality, with a rate of maternal death that is <sup>2</sup>**[more than]** nearly<sup>2</sup>  
 16 three times the rate that exists in the United Kingdom, and about  
 17 <sup>2</sup>**[eight]** six<sup>2</sup> times the rate that exists in the Netherlands, Norway,  
 18 and Sweden;

19 c. In New Jersey, there is currently a Maternal Mortality Case  
 20 Review Team that operates <sup>2</sup>**[informally]**<sup>2</sup> out of the Department of  
 21 Health (DOH), and which periodically reviews and provides  
 22 statistics on maternal deaths occurring in the State.

23 d. <sup>2</sup>**[According to the DOH Maternal Mortality Case Review**  
 24 **Team's latest report, which covers the period from 2009 to 2013,**  
 25 **New Jersey ranks 35th of the 50 states in pregnancy-related deaths;**  
 26 **however, it is important to note that pregnancy-related deaths make**  
 27 **up only a single subset of the total maternal deaths that have**  
 28 **occurred in the State, and a]** <sup>A</sup><sup>2</sup> document produced by Every  
 29 Mother Counts shows that New Jersey is ranked <sup>2</sup>**[47th]** 46th<sup>2</sup> of  
 30 the 50 states in total maternal mortality, with a rate of 37.3 maternal  
 31 deaths per every 100,000 live births <sup>2</sup>and African-American women  
 32 in New Jersey are five times more likely than their white  
 33 counterparts to die from pregnancy-related complications<sup>2</sup>;

34 e. While the DOH Maternal Mortality Case Review Team  
 35 produces important statistical data, the team is not permanently  
 36 established by statute, does not meet regularly, produces only  
 37 periodic reports on maternal mortality, and uses varying datasets in  
 38 those periodic reports, making the <sup>2</sup>**[amalgamation]** aggregation<sup>2</sup>  
 39 and comparison of data by interested parties more difficult;

40 <sup>2</sup>f. There is a need to coordinate and expand the multiple,  
 41 fractionalized maternal mortality and morbidity reduction efforts  
 42 being conducted by caring and committed individuals and

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

<sup>1</sup>Assembly AWC committee amendments adopted March 12, 2018.

<sup>2</sup>Senate SBA committee amendments adopted February 7, 2019.

<sup>3</sup>Senate floor amendments adopted February 21, 2019.

1 organizations across the State. Further, it is essential to house these  
 2 myriad efforts in the Department of Health, the state designated  
 3 agency responsible for public health protection and services. The  
 4 DOH can uniquely leverage the weight and power of the State to  
 5 effectuate critical changes in the delivery of care and the  
 6 implementation of Statewide strategies to reduce maternal mortality  
 7 and morbidity and to eliminate the racial and ethnic disparities in  
 8 maternal outcomes;

9 g. To coordinate and support a Statewide strategy to reduce  
 10 maternal morbidity and mortality, the State should establish a New  
 11 Jersey Maternal Care Quality Collaborative (NJMCQC);

12 h. To improve data collection and to improve and assist quality  
 13 improvement efforts by health care facilities and the State, a  
 14 Maternal Data Center should be established within the Healthcare  
 15 Quality and Informatics Unit in the DOH;

16 [f.] i.<sup>2</sup> United States Senate Bill No. 1112, introduced in the  
 17 115th Congress, would establish a federal grant program to assist  
 18 states in establishing and sustaining state-level maternal mortality  
 19 review committees; however, a state will only be eligible to obtain a  
 20 grant under this bill if the state's maternal mortality review  
 21 committee satisfies certain specific requirements, as articulated in  
 22 S.1112; <sup>2</sup>and

23 [g.] j.<sup>2</sup> In order to ensure that the entity reviewing maternal  
 24 deaths in the State <sup>2</sup>[is operating on a permanent basis] may  
 25 operate permanently and sustainably<sup>2</sup>, with full statutory authority,  
 26 in adherence to certain specified powers and responsibilities, and in  
 27 a manner that would enable the State to obtain federal grant funds  
 28 under S.1112 or other similar federal legislation, it is both  
 29 reasonable and necessary for the Legislature to replace the existing  
 30 informal DOH Maternal Mortality Case Review Team with a  
 31 statutorily-established Maternal Mortality Review <sup>2</sup>[Commission]  
 32 Committee<sup>2</sup>, situated in the Department of Health <sup>2</sup>and overseen by  
 33 the NJMCQC<sup>2</sup>, which <sup>2</sup>[commission] committee<sup>2</sup> will incorporate  
 34 the membership of the current Maternal Mortality Case Review  
 35 Team, but will have formal statutory authority, broader powers, and  
 36 specific goals and directives, as necessary to ensure that it is able to  
 37 continuously engage in the comprehensive, regular, and uniform  
 38 review and reporting of maternal deaths throughout the State.<sup>1</sup>

40 <sup>1</sup>[1.] 2.<sup>1</sup> (New section) As used in this act:

41 <sup>2</sup>["Commission"] "Committee"<sup>2</sup> means the Maternal Mortality  
 42 Review <sup>2</sup>[Commission] Committee<sup>2</sup>, established pursuant to  
 43 section <sup>1</sup>[2] <sup>2</sup>[3<sup>1</sup>] 4<sup>2</sup> of this act, which is responsible for annually  
 44 reviewing and reporting on maternal death rates and the causes of  
 45 maternal death in the State, and which is further responsible for  
 46 providing recommendations to improve maternal care and reduce  
 47 adverse maternal outcomes.

1       <sup>2</sup>["Commissioner" means the Commissioner of Health.]<sup>2</sup>

2       "Department" means the Department of Health.

3       "Maternal death" means a pregnancy-associated death <sup>2</sup>[, or a  
4 pregnancy-related death]<sup>2</sup>.

5       <sup>1</sup>"Maternal Mortality Case Review Team" means the  
6 interdisciplinary team of experts that is operating in the Department  
7 of Health as of the effective date of this act, and which is being  
8 replaced by the <sup>2</sup>[commission] committee<sup>2</sup> established pursuant to  
9 this act.<sup>1</sup>

10       <sup>2</sup>"NJMCQC" means the New Jersey Maternal Care Quality  
11 Collaborative, established pursuant to section 3 of P.L. ,  
12 c. (C. ) (pending before the Legislature as this bill).<sup>2</sup>

13       "Pregnancy-associated death" means the death of a woman,  
14 which occurs while the woman is pregnant, or during the one-year  
15 period following the date of the end of the pregnancy, irrespective  
16 of the cause of death.

17       "Pregnancy-related death" means the death of a woman, which  
18 occurs while the woman is pregnant, or during the one-year period  
19 following the date of the end of the pregnancy, regardless of the  
20 duration of the pregnancy, and which results from any cause related  
21 to, or aggravated by, the pregnancy or its management, but  
22 excluding any accidental or incidental cause.

23       "Report of maternal death" means a report of <sup>2</sup>[actual or  
24 perceived] a suspected<sup>2</sup> maternal death, which is filed with the  
25 department, pursuant to the processes established under subsection  
26 a. of section <sup>1</sup>[5] <sup>2</sup>[6<sup>1</sup>] 7<sup>2</sup> of this act, and which is to be forwarded  
27 to the <sup>2</sup>[commission] committee<sup>2</sup> for the purposes of investigation,  
28 as provided by subsection b. of that section.

29       "Severe maternal morbidity" means the physical and  
30 psychological conditions that result from, or are aggravated by,  
31 pregnancy, and which have an adverse effect on the health of a  
32 woman.

33       "State registrar" means the State registrar of vital statistics, who  
34 is responsible for supervising the registration of, and maintaining,  
35 death records in the State, in accordance with the provisions of  
36 R.S.26:8-1 et seq.

37  
38       <sup>2</sup>3. (New section) a. There is hereby established in the  
39 Department of Health the New Jersey Maternal Care Quality  
40 Collaborative (NJMCQC) that shall work with the Governor's  
41 office to coordinate all efforts and strategies to reduce maternal  
42 mortality, morbidity, and racial and ethnic disparities in the State,  
43 including supervision and oversight of the Maternal Mortality  
44 Review Committee.

45       b. The NJMCQC shall work collaboratively with current  
46 organizations that are developing and implementing maternal

1 mortality and morbidity reduction strategies, including the New  
2 Jersey Hospital Association's Perinatal Quality Care Collaborative.

3 c. The NJMCQC shall be composed of 34 members, including  
4 nine ex-officio members and 25 public members appointed by the  
5 Governor.

6 (1) The ex officio members shall include the following persons  
7 or their designees:

8 the Commissioner of Health;

9 the Commissioner of Human Services;

10 the Commissioner of Banking and Insurance;

11 the Commissioner of Children and Families;

12 the Deputy Commissioner of Health Systems in the Department  
13 of Health;

14 the Deputy Commissioner of Public Health Services in the  
15 Department of Health;

16 the Director of the Office of Minority and Multicultural Health  
17 in the Department of Health;

18 the Director of the Division of Medical Assistance and Health  
19 Services in the Department of Human Services; and

20 the Assistant Commissioner of Health and Life Insurance Plans  
21 in the Department of Banking and Insurance.

22 (2) The public members appointed by the Governor shall include  
23 members representing each of the following groups:

24 the New Jersey Hospital Association;

25 the New Jersey Health Care Quality Institute;

26 the Catholic HealthCare Partnership of New Jersey;

27 the Hospital Alliance of New Jersey;

28 the Fair Share Hospitals Collaborative;

29 the New Jersey section of the American College of Obstetricians  
30 and Gynecologists;

31 the New Jersey Affiliate of the American College of Nurse  
32 Midwives;

33 the New Jersey Medical Society;

34 three medical directors of health plans in the State, as  
35 recommended to the commissioner by the President of the New  
36 Jersey Association of Health Plans;

37 the New Jersey Section of the Association of Women's Health  
38 Obstetric and Neonatal Nurses;

39 the New Jersey Chapter of the American College of Emergency  
40 Physicians;

41 Planned Parenthood of New Jersey;

42 the New Jersey Association of Osteopathic Physicians and  
43 Surgeons;

44 the New Jersey Primary Care Association;

45 the Partnership for Maternal and Child Health of Northern New  
46 Jersey;

47 the Central Jersey Family Health Consortium;

48 the Southern New Jersey Perinatal Cooperative;

1 each of the three Accountable Care Organizations established  
2 pursuant to P.L.2011, c. 114 or any successor organization to that  
3 Accountable Care Organization; and

4 three additional public members appointed on the  
5 recommendation of the Commissioner of Health, one who is  
6 engaged in maternal health advocacy; one who is engaged in health  
7 equity advocacy; and one who is engaged in healthcare consumer  
8 advocacy.

9 d. The public members of the NJMCQC shall serve without  
10 compensation and shall each serve for a term of three years. Each  
11 public member shall serve for the term of appointment and shall  
12 serve until a successor is appointed and qualified, except that a  
13 public member may be reappointed to the NJMCQC upon the  
14 expiration of their term. Any vacancy in the membership shall be  
15 filled, for the unexpired term, in the same manner as the original  
16 appointment.

17 e. The NJMCQC shall adopt and implement the strategic plan  
18 for the State of New Jersey to reduce maternal mortality, morbidity  
19 and racial and ethnic disparities. The NJMCQC shall meet quarterly  
20 to coordinate activities that forward the strategic plan, strategize on  
21 future activities, solicit funding opportunities, focus on translating  
22 the data collected by, the Maternal Data Center, the Healthcare  
23 Quality and Informatics Unit, the Maternal Mortality Review  
24 Committee, the Department of Health, and its partners into action  
25 items, and communicate goals and achievement of these goals with  
26 stakeholders.

27 f. The NJMCQC shall:

28 (1) Employ an Executive Director, a Program Manager, and any  
29 other personnel as authorized by the Commissioner of Health. The  
30 Department of Health shall provide such administrative staff  
31 support to the NJMCQC as shall be necessary for the NJMCQC to  
32 carry out its duties. The director shall be appointed by the  
33 commissioner and shall serve at the pleasure of the commissioner  
34 during the commissioner's term of office and until the appointment  
35 and qualification of the director's successor;

36 (2) Apply for and accept any grant of money from the federal  
37 government, private foundations or other sources, which may be  
38 available for programs related to maternal mortality, morbidity and  
39 racial and ethnic disparities;

40 (3) Serve as the designated State entity for receipt of federal  
41 funds specifically designated for programs concerning maternal  
42 mortality, morbidity and racial and ethnic disparities;

43 (4) Enter into contracts with individuals, organizations, and  
44 institutions necessary for the performance of its duties under  
45 P.L. , c. (C. ) (pending before the Legislature as this bill);  
46 and

47 (5) Work with the Center for Healthcare Quality and Informatics  
48 to develop and publicize statistical information on maternal

1 mortality, morbidity and racial and ethnic disparities and  
 2 information as provided for pursuant to P.L.2018, c.82 (C.26:2H-  
 3 5j).

4 g. The NJMCQC is entitled to call to its assistance, and avail  
 5 itself of, the services of employees of any State, county or  
 6 municipal department, board, bureau, commission or agency as it  
 7 may require and as may be available to it for its purposes. All  
 8 departments, agencies and divisions are authorized and directed, to  
 9 the extent not inconsistent with law, to cooperate with the  
 10 NJMCQC.

11  
 12 <sup>1</sup>[2.] <sup>2</sup>[3.<sup>1</sup>] <sup>4.</sup><sup>2</sup> (New section) a. There is hereby established, in  
 13 the Department of Health, the Maternal Mortality Review  
 14 <sup>2</sup>[Commission] Committee<sup>2</sup>, which shall be tasked with annually  
 15 reviewing and reporting on maternal death rates and the causes of  
 16 maternal death in the State, and providing recommendations to  
 17 improve maternal care and reduce <sup>2</sup>severe<sup>2</sup> adverse outcomes related  
 18 to, or associated with, pregnancy. <sup>1</sup>The <sup>2</sup>[commission] committee<sup>2</sup>  
 19 shall replace and supersede the Maternal Mortality Case Review  
 20 Team that is currently constituted in the department.<sup>1</sup> The  
 21 <sup>2</sup>[commission] committee<sup>2</sup> shall be composed of <sup>1</sup>[31] <sup>2</sup>[38<sup>1</sup>] <sup>24</sup><sup>2</sup>  
 22 members, including <sup>1</sup>[18] <sup>2</sup>[25<sup>1</sup>] <sup>4</sup><sup>2</sup> ex officio members <sup>2</sup>[or their  
 23 designees,]<sup>2</sup> as provided in subsection b. of this section, and <sup>2</sup>[13]  
 24 <sup>20</sup><sup>2</sup> public members, as provided in subsection c. of this section.

25 b. The ex officio members of the <sup>2</sup>[commission] committee<sup>2</sup>  
 26 shall include the following persons, or their designees: <sup>2</sup>[(1) the  
 27 State registrar]

28 (2)]<sup>2</sup> the State Medical Examiner;

29 <sup>2</sup>[(3) the Director of the Division of Family Health Services in  
 30 the Department of Health;

31 (4)]<sup>2</sup> the Director of the Office of Emergency Medical Services  
 32 in the Department of Health;

33 <sup>2</sup>[(5) the Director of the Office of Minority and Multicultural  
 34 Health in the Department of Health;] the Director of the Maternal  
 35 Data Center established by section 14 of P.L. , c. (C. )  
 36 (pending before the Legislature as this bill); and<sup>2</sup>

37 <sup>2</sup>[(6)]<sup>2</sup> the <sup>2</sup>Medical<sup>2</sup> Director of the Division of Medical  
 38 Assistance and Health Services in the Department of Human  
 39 Services;

40 <sup>2</sup>[(7) the President of the New Jersey Hospital Association;

41 (8) the President of the New Jersey Health Care Quality Institute;

42 (9) the Chief Executive Officer of the Medical Society of New  
 43 Jersey;

44 (10) the Executive Director of the New Jersey Chapter of the  
 45 National Association of Social Workers;

1 (11) the Chair of the New Jersey section of the American  
 2 <sup>1</sup>**【Congress】** College<sup>1</sup> of Obstetricians and Gynecologists  
 3 <sup>1</sup>(ACOG)<sup>1</sup>;  
 4 (12) the President of the New Jersey Affiliate of the American  
 5 College of Nurse Midwives;  
 6 (13) <sup>1</sup>the Chair of the New Jersey Section of the Association of  
 7 Women’s Health Obstetric and Neonatal Nurses (AWHONN);  
 8 (14) the President of the New Jersey Chapter of the American  
 9 College of Emergency Physicians;  
 10 (15) the President of the New Jersey Association of Osteopathic  
 11 Physicians and Surgeons;  
 12 (16) the President of the New Jersey Academy of Family  
 13 Physicians;  
 14 (17) the President of the New Jersey Chapter of the American  
 15 Academy of Pediatrics;  
 16 (18) the President of the New Jersey Health Officers  
 17 Association;  
 18 (19) the President of the New Jersey Primary Care Association;  
 19 (20)<sup>1</sup> the Executive Director of the Partnership for Maternal and  
 20 Child Health of Northern New Jersey;  
 21 <sup>1</sup>**【(14)】** (21)<sup>1</sup> the Chief Executive Officer of the Central Jersey  
 22 Family Health Consortium;  
 23 <sup>1</sup>**【(15)】** (22)<sup>1</sup> the Executive Director of the Southern New Jersey  
 24 Perinatal Cooperative;  
 25 <sup>1</sup>**【(16)】** (23)<sup>1</sup> the Director of the City of Newark Department of  
 26 Health and Community Wellness;  
 27 <sup>1</sup>**【(17)】** (24)<sup>1</sup> the Director of the City of Trenton Health and  
 28 Human Services Department; and  
 29 <sup>1</sup>**【(18)】** (25)<sup>1</sup> the Director of the Camden County Department of  
 30 Health and Human Services. **】<sup>2</sup>**  
 31 c. <sup>2</sup>(1) Seven of the public members shall be appointed by the  
 32 Governor to represent the following groups:  
 33 the New Jersey section of the American College of Obstetricians  
 34 and Gynecologists (ACOG);  
 35 the New Jersey Affiliate of the American College of Nurse  
 36 Midwives;  
 37 the New Jersey Section of the Association of Women’s Health  
 38 Obstetric and Neonatal Nurses (AWHONN);  
 39 the New Jersey Chapter of the American College of Emergency  
 40 Physicians;  
 41 the Partnership for Maternal and Child Health of Northern New  
 42 Jersey;  
 43 the Central Jersey Family Health Consortium; and  
 44 the Southern New Jersey Perinatal Cooperative.  
 45 (2)<sup>2</sup> The <sup>2</sup>additional 13<sup>2</sup> public members of the <sup>2</sup>**【commission】**  
 46 committee<sup>2</sup> shall be appointed by the <sup>2</sup>**【Governor】** Commissioner



1 of Health, to reflect the diversity in the state's geographic regions  
 2 and perinatal designations<sup>2</sup> and shall include:

3 <sup>2</sup>[(1) five] seven<sup>2</sup> licensed and practicing health care  
 4 practitioners, one of whom specializes in obstetrics or gynecology,  
 5 one of whom specializes in maternal and fetal medicine, <sup>2</sup>[one of  
 6 whom specializes in family planning,]<sup>2</sup> one of whom specializes in  
 7 critical care medicine, <sup>2</sup>[and]<sup>2</sup> one of whom specializes in perinatal  
 8 pathology <sup>2</sup>, two of whom serve in clinical roles providing pre or  
 9 post-natal care at Federally Qualified Health Centers operating in  
 10 the State, and one anesthesiologist<sup>2</sup>;

11 <sup>2</sup>[(2)]<sup>2</sup> one licensed and practicing health care practitioner <sup>2</sup>[,]  
 12 or<sup>2</sup> mental health care practitioner <sup>2</sup>[, or] ;

13 one<sup>2</sup> substance use disorder treatment professional who  
 14 specializes in perinatal addiction;

15 <sup>2</sup>[(3)]<sup>2</sup> one certified nurse midwife;

16 <sup>2</sup>[(4)]<sup>2</sup> one registered professional nurse or advanced practice  
 17 nurse who specializes in hospital-based obstetric nursing;

18 <sup>2</sup>[(5)]<sup>2</sup> one licensed practical nurse, registered professional  
 19 nurse, or advanced practice nurse who participates in, and  
 20 represents, the Nurse-Family Partnership operating in New Jersey;

21 <sup>2</sup>[(6) one health care administrator who has experience in  
 22 overseeing the operations of maternity wards or birthing centers;

23 (7) one private citizen who is engaged in maternal health  
 24 advocacy;

25 (8) one private citizen who is engaged in minority health  
 26 advocacy; and

27 (9) one private citizen who is engaged in patient advocacy] ; and  
 28 one Certified Midwife or Certified Professional Midwife<sup>2</sup>.

29 d. Of the <sup>2</sup>13<sup>2</sup> public members appointed to the <sup>2</sup>[commission]  
 30 committee by the Commissioner of Health<sup>2</sup>, not more than seven  
 31 shall be of the same political party.

32 e. Each public member of the <sup>2</sup>[commission] committee<sup>2</sup> shall  
 33 serve for a term of four years; however, of the public members first  
 34 appointed, four shall serve an initial term of two years, four shall  
 35 serve an initial term of three years, and five shall serve an initial  
 36 term of four years. Each public member shall serve for the term of  
 37 their appointment, and until a successor is appointed and qualified,  
 38 except that a public member may be reappointed to the  
 39 <sup>2</sup>[commission] committee<sup>2</sup> upon the expiration of their term. Any  
 40 vacancy in the membership shall be filled, for the unexpired term,  
 41 in the same manner as the original appointment.

42 f. All initial appointments to the <sup>2</sup>[commission] committee<sup>2</sup>  
 43 shall be made within 60 days after the effective date of this act.

44 <sup>1</sup>Upon the appointment of a majority of the <sup>2</sup>[commission]  
 45 committee<sup>2</sup> members, the Maternal Mortality Case Review Team,

1 which is constituted in the Department of Health as of the effective  
2 date of this act, shall be disbanded.<sup>1</sup>

3 g. Any member of the <sup>2</sup>[commission] committee<sup>2</sup> may be  
4 removed by the <sup>2</sup>[Governor] Commissioner of Health<sup>2</sup>, for cause,  
5 after a public hearing.

6  
7 <sup>1</sup>[3.] <sup>2</sup>[4.<sup>1</sup>] 5.<sup>2</sup> (New section) a. The <sup>2</sup>[commission]  
8 committee<sup>2</sup> shall organize as soon as practicable following the  
9 appointment of a majority of its members, and shall annually elect a  
10 chairperson and vice-chairperson from among its members. The  
11 chairperson may appoint a secretary, who need not be a member of  
12 the <sup>2</sup>[commission] committee<sup>2</sup>.

13 b. The <sup>2</sup>[commission] committee<sup>2</sup> shall meet pursuant to a  
14 schedule to be established at its first meeting, and it shall  
15 additionally meet at the call of its chairperson or the Commissioner  
16 of Health; however, in no case shall the <sup>2</sup>[commission] committee<sup>2</sup>  
17 meet less than <sup>1</sup>[four] <sup>2</sup>[two<sup>1</sup>] four<sup>2</sup> times a year.

18 c. A majority of the total number of members appointed to the  
19 <sup>2</sup>[commission] committee<sup>2</sup> shall constitute a quorum for the  
20 conducting of official <sup>2</sup>[commission] committee<sup>2</sup> business. A  
21 vacancy in the membership of the <sup>2</sup>[commission] committee<sup>2</sup> shall  
22 not impair the right of the <sup>2</sup>[commission] committee<sup>2</sup> to exercise  
23 its powers and duties, provided that a majority of the currently  
24 appointed members are available to conduct business. Any  
25 recommendations of the <sup>2</sup>[commission] committee<sup>2</sup> shall be  
26 approved by a majority of the members present.

27 d. The members of the <sup>2</sup>[commission] committee<sup>2</sup> shall serve  
28 without compensation, but shall be reimbursed for travel and other  
29 necessary expenses incurred in the discharge of their official duties,  
30 within the limits of funds appropriated or otherwise made available  
31 for such purposes.

32 e. <sup>2</sup>The Department of Health shall employ, at a minimum, the  
33 following support staff for the committee: a program manager, a  
34 clinical nurse case abstractor; two maternal child health  
35 epidemiologists, a case abstraction manager, and any other staff the  
36 Commissioner of Health shall deem necessary.<sup>2</sup> The Department of  
37 Health shall <sup>2</sup>also<sup>2</sup> provide such administrative staff support to the  
38 <sup>2</sup>[Commission] committee<sup>2</sup> as shall be necessary for the  
39 <sup>2</sup>[commission] committee<sup>2</sup> to carry out its duties.

40  
41 <sup>1</sup>[4.] <sup>2</sup>[5.<sup>1</sup>] 6.<sup>2</sup> (New section) a. The Maternal Mortality  
42 Review <sup>2</sup>[Commission] Committee<sup>2</sup> shall have the power to:

43 (1) carry out any power, duty, or responsibility expressly  
44 granted by this act;

45 (2) adopt, amend, or repeal suitable bylaws for the management  
46 of its affairs;

1 (3) maintain an office at such place or places as it may  
2 designate;

3 (4) apply for, receive, and accept, from any federal, State, or  
4 other public or private source, grants, loans, or other moneys that  
5 are made available for, or in aid of, the <sup>2</sup>【commission's】  
6 committee's<sup>2</sup> authorized purposes, or that are made available to  
7 assist the <sup>2</sup>【commission】 committee<sup>2</sup> in carrying out its powers,  
8 duties, and responsibilities under this act;

9 (5) enter into any and all agreements or contracts, execute any  
10 and all instruments, and do and perform any and all acts or things  
11 necessary, convenient, or desirable to further the purposes of the  
12 <sup>2</sup>【commission】 committee<sup>2</sup>;

13 (6) call to its assistance, and avail itself of the services of, such  
14 employees of any State entity or local government unit as may be  
15 required and available for the <sup>2</sup>【commission's】 committee's<sup>2</sup>  
16 purposes;

17 (7) review and investigate reports of maternal death; conduct  
18 witness interviews, and hear testimony provided under oath at  
19 public or private hearings, on any material matter; and request <sup>1</sup>【  
20 or compel through the issuance of a subpoena,】<sup>1 2</sup>, or compel  
21 through the issuance of a subpoena,<sup>2</sup> the attendance of relevant  
22 witnesses and the production of relevant documents, records, and  
23 papers;

24 (8) solicit and consider public input and comment on the  
25 <sup>2</sup>【commission's】 committee's<sup>2</sup> activities by periodically holding  
26 public hearings or conferences, and by providing other  
27 opportunities for such input and comment by interested parties; and

28 (9) identify, and promote the use of, best practices in maternal  
29 care, and encourage and facilitate cooperation and collaboration  
30 among health care facilities, health care professionals,  
31 administrative agencies, and local government units for the  
32 purposes of ensuring the provision of the highest quality maternal  
33 care throughout the State.

34 b. The Maternal Mortality Review <sup>2</sup>【Commission】 Committee<sup>2</sup>  
35 shall have the duty and responsibility to:

36 (1) develop mandatory and voluntary maternal death reporting  
37 processes, in accordance with the provisions of section <sup>2</sup>【5】 7<sup>2</sup> of  
38 this act <sup>2</sup>and, at a minimum meet or exceed current federal Centers  
39 for Disease Control and Prevention reporting methodologies<sup>2</sup>;

40 (2) conduct an investigation of each reported case of maternal  
41 death, and prepare a de-identified case summary for each such case,  
42 in accordance with the provisions of section <sup>1</sup>【6】 <sup>2</sup>【7<sup>1</sup>】 8<sup>2</sup> of this  
43 act;

44 (3) review the statistical data on maternal deaths that is  
45 forwarded by the <sup>2</sup>【State registrar, pursuant to section <sup>1</sup>【10】 11<sup>1</sup> of  
46 this act】 Maternal Data Center pursuant to section 14 of this act<sup>2</sup>,  
47 and the reports of maternal death that are forwarded by the

department, pursuant to subsection b. of section <sup>1</sup>[5] <sup>2</sup>[6<sup>1</sup>] 7<sup>2</sup> of this act, in order to identify Statewide and regional maternal death rates; trends, patterns, and disparities in adverse maternal outcomes; and medical, non-medical, and system-related factors that may have contributed to maternal deaths and treatment disparities; and

(5) annually report its findings and recommendations on maternal mortality to the department, the Governor, and the Legislature, in accordance with section <sup>1</sup>[7] <sup>2</sup>[8<sup>1</sup>] 9<sup>2</sup> of this act.

<sup>1</sup>[5.] <sup>2</sup>[6.<sup>1</sup>] 7.<sup>2</sup> (New section) a. Within 90 days after the <sup>2</sup>[commission's] committee's<sup>2</sup> organizational meeting, the <sup>2</sup>[commission] committee<sup>2</sup> shall:

(1) develop a mandatory maternal death reporting process, pursuant to which health care practitioners, medical examiners, hospitals, birthing centers, and other relevant professional actors and health care facilities will be required to confidentially report to the Department of Health on individual cases of maternal death <sup>1</sup>. In developing a mandatory maternal death reporting process pursuant to this paragraph, the <sup>2</sup>[commission] committee<sup>2</sup> may, as deemed to be appropriate, review and incorporate elements of the maternal death reporting process that is used by the Maternal Mortality Case Review Team as of the effective date of this act<sup>1</sup>; and

(2) develop a voluntary maternal death reporting process, pursuant to which the family members of a deceased woman, and any other interested members of the public, will be permitted, but not required, to confidentially report to the Department of Health on individual cases of perceived maternal death. At a minimum, the process developed pursuant to this paragraph shall require the department to: (a) post on its Internet website a hyperlink, a toll-free telephone number, and an email address, which may each be used for the voluntary submission of public reports of maternal death; and (b) publicize the availability of these resources to professional organizations, community organizations, social service agencies, and members of the public.

b. The department shall keep a record of all reports of maternal death that are submitted thereto through the reporting processes that are established by the <sup>2</sup>[commission] committee<sup>2</sup> pursuant to paragraphs (1) and (2) of subsection a. of this section. The department shall also ensure that a copy of each such report of maternal death is promptly forwarded to the <sup>2</sup>[commission] committee<sup>2</sup>, so that the <sup>2</sup>[commission] committee<sup>2</sup> may properly execute its investigatory functions and other duties and responsibilities under this act.

<sup>1</sup>[6.] <sup>2</sup>[7.<sup>1</sup>] 8.<sup>2</sup> (New section) a. Upon receipt of a report of maternal death, which has been forwarded to the <sup>2</sup>[commission]

1 committee<sup>2</sup> pursuant to subsection b. of section <sup>1</sup>~~[5.]~~ <sup>2</sup>~~[6.1]~~ 7<sup>2</sup> of  
2 this act, the <sup>2</sup>~~[commission]~~ committee<sup>2</sup> shall investigate the  
3 reported case in accordance with the provisions of this section. In  
4 conducting the investigation, the <sup>2</sup>~~[commission]~~ committee<sup>2</sup> shall  
5 consider:

6 (1) the information contained in the forwarded report of  
7 maternal death;

8 (2) any relevant information contained in the deceased woman's  
9 autopsy report or death record, or in a certificate of live birth or  
10 fetal death for the woman's child, or in any other vital records  
11 pertaining to the woman;

12 (3) any relevant information contained in the deceased woman's  
13 medical records, including: (a) records related to the health care  
14 that was provided to the woman prior to her pregnancy; (b) records  
15 related to the woman's prenatal and postnatal care, labor and  
16 delivery care, emergency room care, and any other care delivered  
17 up until the time of the woman's death; and (c) the woman's  
18 hospital discharge records <sup>1</sup>~~and~~ <sup>2</sup>~~[other]~~ all<sup>2</sup> hospital records  
19 <sup>2</sup>including all emergency room and outpatient records<sup>2</sup> from the  
20 one-year period following the end of the pregnancy<sup>1</sup>;

21 (4) information obtained through the oral and written interviews  
22 of individuals who were directly involved in the care of the woman  
23 either during, or immediately following, her pregnancy, including  
24 interviews with relevant health care practitioners, mental health  
25 care practitioners, and social service providers, and, as deemed to  
26 be appropriate and necessary, interviews with the woman's family  
27 members;

28 (5) background information about the deceased woman,  
29 including, but not limited to, information regarding the woman's  
30 age, race, and socioeconomic status; and

31 (6) any other information that may shed light on the maternal  
32 death, including, but not limited to, reports from social service or  
33 child welfare agencies.

34 b. At the conclusion of an investigation conducted pursuant to  
35 this section, the <sup>2</sup>~~[commission]~~ committee<sup>2</sup> shall prepare a case  
36 summary, which shall include the <sup>2</sup>~~[commission's]~~ committee's<sup>2</sup>  
37 findings with regard to the cause of, or the factors that contributed  
38 to, the maternal death, and recommendations for actions that should  
39 be undertaken, or policies that should be implemented, to mitigate  
40 or eliminate those factors and causes in the future. Any case  
41 summary prepared pursuant to this subsection shall omit the  
42 <sup>1</sup>~~[personally]~~ <sup>1</sup> identifying information of the deceased woman and  
43 her family members <sup>1</sup>, the health care providers who provided care,  
44 and the hospitals where care was provided<sup>1</sup>.

45 c. The <sup>2</sup>~~[commission]~~ committee<sup>2</sup> may present its findings and  
46 recommendations on each individual case, or on groups of  
47 individual cases, as deemed appropriate, to the health care facility

1 or facilities where relevant care was provided in the case or group  
 2 of cases, and to the individual health care practitioners who  
 3 provided such care, or to any relevant professional organization, for  
 4 the purposes of instituting or facilitating policy changes,  
 5 educational activities, or improvements in the quality of care  
 6 provided; or for the purposes of exploring, facilitating, or  
 7 establishing regional projects or other collaborative projects that are  
 8 designed to reduce instances of maternal death.

9  
 10 <sup>1</sup>[7.] <sup>2</sup>[8.<sup>1</sup>] 9.<sup>2</sup> (New section) a. Within one year after its  
 11 organization, and annually thereafter, the <sup>2</sup>[commission]  
 12 committee<sup>2</sup> shall prepare, and submit to the Department of Health,  
 13 to the Governor, and, pursuant to section 2 of P.L.1991, c.164  
 14 (C.52:14-19.1), to the Legislature, a report containing the  
 15 <sup>2</sup>[commission's] committee's<sup>2</sup> findings on the rates and causes of  
 16 maternal deaths occurring in the State during the preceding year,  
 17 and providing recommendations for legislative or other action that  
 18 can be undertaken to: (a) improve the quality of maternal care and  
 19 reduce adverse maternal outcomes in the State; (b) increase the  
 20 availability of, and improve access to, social and health care  
 21 services for pregnant women; and (c) reduce or eliminate <sup>1</sup>racial  
 22 and other<sup>1</sup> disparities in maternal care and treatment, both during,  
 23 and in the year after, pregnancy. Each annual report, with the  
 24 exception of the first report prepared under this section, shall  
 25 additionally identify the extent to which the <sup>2</sup>[commission's]  
 26 committee's<sup>2</sup> prior recommendations have been successfully  
 27 implemented in practice, and the apparent impact that the  
 28 implementation of such recommended changes has had on maternal  
 29 care in the preceding year.

30 b. The report that is annually prepared pursuant to this section  
 31 shall be based on:

32 (1) the case summaries that were prepared by the  
 33 <sup>2</sup>[commission] committee<sup>2</sup> over the preceding year, pursuant to  
 34 subsection b. of section <sup>1</sup>[6] <sup>2</sup>[7<sup>1</sup>] 8<sup>2</sup> of this act;

35 (2) the statistical data that was forwarded to the <sup>2</sup>[commission]  
 36 committee<sup>2</sup>, during the preceding year, by the <sup>2</sup>[State registrar]  
 37 Maternal Data Center<sup>2</sup>, pursuant to section <sup>1</sup>[10] <sup>2</sup>[11<sup>1</sup>] 14<sup>2</sup> of this  
 38 act; and

39 (3) any other relevant information, including <sup>1</sup>information from  
 40 the <sup>2</sup>[commission's] committee's<sup>2</sup> prior annual reports, or<sup>1</sup>  
 41 information on any collaborative maternal health arrangements that  
 42 have been established by health care providers, professional  
 43 organizations, local government units, or other relevant actors or  
 44 entities in the preceding year, in response to the <sup>2</sup>[commission]  
 45 committee<sup>2</sup> outreach authorized by subsection c. of section <sup>1</sup>[6.]

1 <sup>2</sup>[~~7.1~~] 8 of this act<sup>2</sup>, or by paragraph (9) of subsection a. of section  
2 <sup>1</sup>[~~4.~~] <sup>2</sup>[~~5.1~~] 6<sup>2</sup>, of this act.

3 c. Upon receipt of the <sup>2</sup>[~~commission's~~] committee's<sup>2</sup> annual  
4 report pursuant to this section, the department shall post a copy of  
5 the report at a publicly accessible location on its Internet website,  
6 and shall take appropriate steps to otherwise broadly publicize the  
7 <sup>2</sup>[~~commission's~~] committee's<sup>2</sup> findings and recommendations. The  
8 Commissioner of Health shall also adopt rules and regulations,  
9 pursuant to the "Administrative Procedure Act," P.L.1968, c.410  
10 (C.52:14B-1 et seq.), to implement the recommendations contained  
11 in the report, to the extent that such recommendations can be  
12 implemented through administrative rule-making action.

13

14 <sup>1</sup>[~~8.~~] <sup>2</sup>[~~9.1~~] 10<sup>2</sup> (New section) a. Upon receipt of the  
15 <sup>2</sup>[~~commission's~~] committee's<sup>2</sup> first annual report, issued pursuant  
16 to section <sup>1</sup>[~~7.~~] <sup>2</sup>[~~8.1~~] 9<sup>2</sup> of this act, the department, working in  
17 consultation with the <sup>2</sup>[~~commission~~] committee<sup>2</sup>, <sup>1</sup>[~~as well as~~  
18 ~~with~~] the Perinatal Quality Collaborative, the Maternal Child  
19 Health Consortia, and other<sup>1</sup> relevant professional organizations  
20 and patient advocacy groups, shall develop an ongoing maternal  
21 health educational program for health care practitioners, as may be  
22 necessary to improve the quality of maternal care and reduce  
23 adverse outcomes related to, or associated with, pregnancy. The  
24 educational program established pursuant to this section shall  
25 initially be based on, and shall reflect, the findings and  
26 recommendations identified in the <sup>2</sup>[~~commission's~~] committee's<sup>2</sup>  
27 first report. However, once the educational program is established,  
28 the department shall, on at least <sup>1</sup>[~~a biennial~~] an annual<sup>1</sup> basis  
29 thereafter, review the program and make necessary changes to  
30 ensure that the ongoing education provided thereunder accurately  
31 reflects, and is consistent with, the latest data, findings, and  
32 recommendations of the <sup>2</sup>[~~commission~~] committee<sup>2</sup>, as reflected in  
33 the <sup>2</sup>[~~commission's~~] committee's<sup>2</sup> most recent annual report.

34 b. <sup>1</sup>[~~Each of the State's professional licensing boards, as~~  
35 ~~appropriate, shall adopt rules and regulations, pursuant to the~~  
36 ~~"Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et~~  
37 ~~seq.), which are applicable to the health care practitioners under~~  
38 ~~each board's respective jurisdiction, and which require the~~  
39 ~~practitioners involved in the provision of care to pregnant women to~~  
40 ~~satisfactorily complete the educational program established~~  
41 ~~pursuant to this section. Each licensing board shall require the~~  
42 ~~relevant practitioners under its jurisdiction to complete this~~  
43 ~~educational program as a condition of initial licensure, or, in the~~  
44 ~~case of practitioners who are already licensed as of the effective~~  
45 ~~date of this act, within 180 days after the program is established~~  
46 ~~under this section; and shall additionally require practitioners to~~  
47 ~~complete the program on at least a biennial basis thereafter, as a~~

condition of license renewal. Each hospital and birthing facility in the State shall require its health care practitioners involved in labor, delivery, and postpartum care to complete a standardized maternal patient discharge education module, pursuant to which such health care practitioners will be educated in the complications of childbirth, and the warning signs of complications in women who have just given birth. This educational module may be implemented in each facility before the department finalizes the Statewide educational program that is to be established under subsection a. of this section; however, after the Statewide educational program is finalized under subsection a. of this section, the educational modules implemented pursuant to this subsection shall be modified as necessary to conform to the department's educational program. Any modules implemented before the department's Statewide educational program is finalized shall address the most frequent causes of maternal mortality, including but not limited to, hemorrhage, hypertension, preeclampsia, heart failure and chest pain, infection, embolism, and postpartum depression. Each facility shall additionally provide this information, both orally and in writing, to any woman who has given birth at the facility, prior to discharge. The educational module implemented under this subsection shall be completed by all relevant health care practitioners at the facility, as a condition of their practice or employment in the facility, and may be used to satisfy relevant continuing education requirements applicable to each such health care practitioner.

c. Within 90 days after the effective date of this act, the Commissioner of Health shall adopt rules and regulations, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), as necessary to implement the provisions of this section.<sup>1</sup>

<sup>1</sup>[9.] <sup>2</sup>[10.<sup>1</sup>] <sup>11.</sup><sup>2</sup> (New section) a. (1) Except as otherwise provided by subsection b. of this section, all proceedings and activities of the Maternal Mortality Review <sup>2</sup>[Commission] <sup>2</sup>[Committee]<sup>2</sup>; all opinions of the members of the <sup>2</sup>[commission] <sup>2</sup>[committee]<sup>2</sup>, which are formed as a result of the <sup>2</sup>[commission's] <sup>2</sup>[committee's]<sup>2</sup> proceedings and activities; and all records obtained, created, or maintained by the <sup>2</sup>[commission] <sup>2</sup>[committee]<sup>2</sup>, including written reports and records of interviews or oral statements, shall be confidential, and shall not be subject to public inspection, discovery, subpoena, or introduction into evidence in any civil, criminal, legislative, or other proceeding.

(2) In no case shall the <sup>2</sup>[commission] <sup>2</sup>[committee]<sup>2</sup> disclose any personally identifiable information to the public, or include any personally identifiable information in a case summary that is prepared pursuant to subsection b. of section <sup>1</sup>[6.] <sup>2</sup>[7.<sup>1</sup>] <sup>8.</sup><sup>2</sup> of this



1 act, or in an annual report that is prepared pursuant to section <sup>1</sup>[7.]  
2 <sup>2</sup>[8<sup>1</sup>] <sup>9</sup><sup>2</sup> of this act.

3 (3) Members of the <sup>2</sup>[commission] committee<sup>2</sup> shall not be  
4 questioned in any civil, criminal, legislative, or other proceeding  
5 regarding information that has been presented in, or opinions that  
6 have been formed as a result of, a meeting or communication of the  
7 <sup>2</sup>[commission] committee<sup>2</sup>; however, nothing in this paragraph  
8 shall prohibit a <sup>2</sup>[commission] committee<sup>2</sup> member from being  
9 questioned, or from testifying, in relation to publicly available  
10 information or information that was obtained independent of the  
11 member's participation on the <sup>2</sup>[commission] committee<sup>2</sup>.

12 b. Nothing in this section shall be deemed to prohibit the  
13 <sup>2</sup>[commission] committee<sup>2</sup> from publishing, or from otherwise  
14 making available for public inspection, <sup>1</sup>[case summaries,]<sup>1</sup>  
15 statistical compilations <sup>2</sup>[,]<sup>2</sup> or reports that are based on  
16 confidential information, provided that those <sup>1</sup>[summaries,]<sup>1</sup>  
17 compilations <sup>1</sup>[,]<sup>1</sup> and reports do not contain personally identifying  
18 information or other information that could be used to ultimately  
19 identify the individuals concerned.

20

21 <sup>1</sup>[10.] <sup>2</sup>[11<sup>1</sup>] 12.<sup>2</sup> (New section) a. (1) On an annual basis, and  
22 using the death records that have been filed during the preceding  
23 year, the <sup>2</sup>[State registrar] Maternal Mortality Review Committee<sup>2</sup>  
24 shall <sup>2</sup>work collaboratively with the Maternal Data Center in the  
25 Healthcare Quality and Informatics Unit, NJMCQC's Maternal  
26 Health epidemiologists and other staff to<sup>2</sup> identify: (a) the total  
27 number of maternal deaths that have occurred in the State during  
28 the year, and during each quarter of the year; (b) the average  
29 Statewide rate of maternal death occurring during the year; (c) the  
30 number and percentage of maternal deaths that occurred during the  
31 year in each of the Northern, Central, and Southern regions of the  
32 State; (d) the number and percentage of maternal deaths, on a  
33 Statewide and regional basis, that constituted pregnancy-associated  
34 deaths, and the number and percentage of maternal deaths, on a  
35 Statewide and regional basis, that constituted pregnancy-related  
36 deaths; <sup>1</sup>[and]<sup>1</sup> (e) the areas of the State where the rates of  
37 maternal death are significantly higher than the Statewide average <sup>1</sup>;  
38 and (f) the rate of racial disparities in maternal deaths occurring on  
39 a Statewide and regional basis<sup>1</sup>.

40 (2) The results of the annual analysis that is conducted pursuant  
41 to this subsection shall be posted at a publicly accessible location  
42 on the Internet website of the <sup>2</sup>[Office of Vital Statistics and  
43 Registry, in]<sup>2</sup> the Department of Health, and shall also be promptly  
44 forwarded to the <sup>2</sup>[commission] NJMCQC<sup>2</sup>.

45 b. In order to accomplish its duties under this section, the  
46 <sup>2</sup>[State registrar] Maternal Mortality Review Committee<sup>2</sup> shall:

(1) for the purposes of determining the total number of pregnancy-associated deaths, review each woman's death record, and match the death record with a certificate of live birth, or with a fetal or infant death record, for the woman's child, in order to confirm whether the woman died during pregnancy, or within one year after the end of pregnancy; and

(2) for the purposes of determining the total number of pregnancy-related deaths, review each woman's death record, and identify each such death record in which the death is reported to have resulted from an underlying or contributing cause related to pregnancy, regardless of the amount of time that has passed between the end of the pregnancy and the death.

The <sup>2</sup>**[State registrar]** Maternal Mortality Review Committee<sup>2</sup> may also use any other appropriate means or methods to identify maternal deaths <sup>1</sup>**[**, including, but not limited to, reviewing a random sample of reported deaths to ascertain cases of pregnancy-related death and pregnancy-associated death that are not discernable from a review of death records alone**]**. Such means or methods may include, but need not be limited to, use of the case ascertainment system devised by the federal Centers for Disease Control and Prevention<sup>1</sup>.

<sup>1</sup>**[11.]** <sup>2</sup>**[12<sup>1</sup>]** 13.<sup>2</sup> R.S.26:8-24 is amended to read as follows:

26:8-24. The State registrar shall:

a. Have general supervision throughout the State of the registration of vital records;

b. Have supervisory power over local registrars, deputy local registrars, alternate deputy local registrars, and subregistrars, in the enforcement of the law relative to the disposal of dead bodies and the registration of vital records;

c. Prepare, print, and supply to all registrars, upon request therefor, all blanks and forms used in registering the records required by said law, and provide for and prescribe the use of the NJ-EDRS <sup>2</sup>or any successor vital reporting system<sup>2</sup>. The blanks and forms supplied under this subsection, and any electronic blanks and forms that are used in the NJ-EDRS, shall require the person registering a birth or death record, at a minimum, to provide the same information as is required by the National Center for Vital Health Statistics in its standardized U.S. certificates of live birth, death, and fetal death. No **[other]** blanks, forms, or methods of registration shall be used, other than those that satisfy the requirements of this subsection, and which are supplied or approved by the State registrar;

d. Carefully examine the certificates or electronic files received periodically from the local registrars or originating from their jurisdiction; and, if any are incomplete or unsatisfactory, require such further information to be supplied as may be necessary to make the record complete and satisfactory;

- 1 e. Arrange or bind, and permanently preserve the certificates of
- 2 vital records, or the information comprising those records, in a
- 3 systematic manner and in a form that is deemed most consistent
- 4 with contemporary and developing standards of vital statistical
- 5 archival record keeping;
- 6 f. Prepare and maintain a comprehensive and continuous index
- 7 of all vital records registered, the index to be arranged
- 8 alphabetically:
  - 9 1. In the case of deaths, by the name of the decedent;
  - 10 2. In the case of births, by the name of child, if given, and if
  - 11 not, then by the name of father or mother;
  - 12 3. In the case of marriages, by the surname of the husband and
  - 13 also by the maiden name of the wife;
  - 14 4. In the case of civil unions, by the surname of each of the
  - 15 parties to the civil union;
  - 16 5. In the case of domestic partnerships, by the surname of each
  - 17 of the partners;
  - 18 g. Mark the birth certificate of a missing child when notified by
  - 19 the Missing Persons Unit in the Department of Law and Public
  - 20 Safety pursuant to section 3 of P.L.1995, c.395 (C.52:17B-9.8c);
  - 21 h. Develop and provide to local registrars an education and
  - 22 training program, which the State registrar may require each local
  - 23 registrar to complete as a condition of retaining that position, and
  - 24 which may be offered to deputy local registrars, alternate deputy
  - 25 local registrars and subregistrars at the discretion of the State
  - 26 registrar, that includes material designed to implement the NJ-
  - 27 EDRS and to familiarize local registrars with the statutory
  - 28 requirements applicable to their duties and any rules and regulations
  - 29 adopted pursuant thereto, as deemed appropriate by the State
  - 30 registrar; **[and]**
  - 31 i. Facilitate the electronic notification, upon completion of the
  - 32 death record and issuance of a burial permit, of the decedent's
  - 33 name, Social Security number and last known address to the
  - 34 Department of Labor and Workforce Development and the
  - 35 Department of Human Services to safeguard public benefit
  - 36 programs and diminish the criminal use of a decedent's name and
  - 37 other identifying information; and
  - 38 j. Facilitate the provision of relevant statistical data on
  - 39 maternal deaths to the Maternal Mortality Review <sup>2</sup>**[Commission]**
  - 40 Committee<sup>2</sup>, in accordance with the provisions of section <sup>1</sup>**[10.]**
  - 41 <sup>2</sup>**[11<sup>1</sup>]** <sup>12</sup> of P.L. , c. (C. ) (pending before the Legislature
  - 42 as this act).
  - 43 (cf: P.L.2013, c.274, s.1)
  - 44
  - 45 <sup>2</sup>14. (New section) a. The Department of Health shall establish
  - 46 a Maternal Data Center in the Healthcare Quality and Informatics
  - 47 Unit that shall develop protocols and requirements for the
  - 48 submission of maternal mortality, morbidity and racial and ethnic

1 disparity data indicators <sup>3</sup>[.] <sup>3</sup>collect this information from  
2 relevant health care facilities in the State <sup>3</sup>[.] <sup>3</sup>conduct rapid-cycle  
3 data analytics; develop reports and a public facing dashboard; and  
4 disseminate the information collected to the NJMCQC, the Maternal  
5 Mortality Review Committee, participating health care facilities,  
6 and other stakeholders as identified by the NJMCQC. <sup>3</sup>Each  
7 participating facility shall have full access to data reported to the  
8 Maternal Data Center, provided that any data accessible to  
9 participating facilities shall be de-identified, and further provided  
10 that nothing in this subsection shall authorize the disclosure of any  
11 confidential or personal identifying information for any patient. <sup>3</sup>

12 b. The Maternal Data Center shall employ a director, three  
13 research scientists; a technical assistant; and other staff as necessary  
14 to implement the requirements pursuant to subsection a. of this  
15 section. <sup>2</sup>

16  
17 <sup>2</sup>15. (New section) The Commissioner of Health shall establish  
18 and collect maternal data center membership fees from health care  
19 facilities, as defined by the Commissioner of Health, that <sup>3</sup>are  
20 licensed to <sup>3</sup>provide maternal care services in the State <sup>3</sup>and that  
21 enter into a written agreement with the Department of Health to  
22 participate in the Maternal Data Center pursuant to section 14 of  
23 this act. The membership fee shall be required of each licensed  
24 facility participating in the Maternal Data Center, and in no case  
25 shall the amount of the fee exceed \$10,000 per facility per year.  
26 Each participating facility shall pay its annual membership fee on a  
27 date as shall be required by the commissioner <sup>3</sup>. The revenue from  
28 these fees shall be used to fund the Maternal Data Center to  
29 implement the requirements pursuant to section 14 of this act. <sup>2</sup>  
30 <sup>3</sup>The commissioner shall be authorized to seek out and accept such  
31 other sources of funding as may be available from appropriate  
32 public and private sources for the purposes of the Maternal Data  
33 Center. <sup>3</sup>

34  
35 <sup>3</sup>16. (New section) a. There is established the "Maternal Data  
36 Center Fund" as a nonlapsing, revolving fund in the Department of  
37 Health. The fund shall be comprised of membership fees collected  
38 from facilities licensed to provide maternal care services that enter  
39 into a written agreement with the Department of Health to  
40 participate in the Maternal Data Center pursuant to section 15 of  
41 this act as well as any other funds collected by the department  
42 pursuant to section 15 of this act.

43 b. The Commissioner of Health shall deposit all membership  
44 fees and other funds collected pursuant to section 15 of this act into  
45 the fund. Monies credited to the fund may be invested in the same  
46 manner as assets of the General Fund, and any investment earnings

1 on the fund shall accrue to the fund and shall be available subject to  
2 the same terms and conditions as other monies in the fund.

3 c. Commencing July 1, 2019, and annually thereafter, monies  
4 in the fund shall be appropriated by the Legislature to the  
5 Department of Health for the purposes of operating and maintaining  
6 the Maternal Data Center pursuant to section 14 of this act.<sup>3</sup>

7  
8 <sup>3</sup>~~16.~~ <sup>17.</sup><sup>3</sup> (New section) The Commissioner of Health shall  
9 adopt rules and regulations pursuant to the “Administrative  
10 Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et seq.), to effectuate  
11 the purposes of this act.<sup>2</sup>

12  
13 <sup>1</sup>~~12.~~ <sup>2</sup>~~13.1~~ <sup>3</sup>~~17.2~~ <sup>18.</sup><sup>3</sup> This act shall take effect  
14 immediately.